



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name D.H.M.				Location 1002 OSWEGO ST. UTICA, NY		Date 11/23/86			
Facility Equipment <input checked="" type="checkbox"/>	Detex Clock <input checked="" type="checkbox"/>	Weapon No. <input checked="" type="checkbox"/>	Holster <input checked="" type="checkbox"/>	Nightstick <input checked="" type="checkbox"/>	Raincoat <input checked="" type="checkbox"/>	Flashlight <input checked="" type="checkbox"/>	Other				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) CHUFF			Officer—Swing Shift (Name) DELUECCIO			Officer—Grave Shift (Name) KOKOSZKI		
Shift			Shift			Shift			Shift		
Began 800 AM PM			Ended 400 AM PM			Began 400 AM PM			Ended 12 mid AM PM		
Observations or actions taken			Observations or actions taken			Observations or actions taken			Observations or actions taken		
Rounds or stations missed			SEE REMARKS			SEE REMARKS			SEE REMARKS		
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked vaults or safes			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Fire-smoke-or hazards			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Sprinkler system defective			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Rubbish accumulation			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5. Motors running			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Injury hazards			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Visitors			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks Visual check made of perimeter of BLDG. (DR) Visual check made of perimeter of BLDG. (KB) Visual check made of perimeter of BLDG. (PC)											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		3. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Did you suffer any illness?		Day Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		3. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. Have you reported all accidents coming to your attention?		Day Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		3. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Signatures		1. Chuff		2. Delueccio		3. Kokoszki		Signatures		1. Kokoszki	
Signatures		2.		2.		3.		Signatures		2.	
Signatures		3.		3.		3.		Signatures		3.	

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